

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-033142

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 2500

FILED SEP 11 1962

1. PLACE OF DEATH

a. COUNTY

ST. LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN JEFFERSON BARRACKSLength of stay in lb
1062 DAYSc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION VETERANS ADMINISTRATIONInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO.

b. COUNTY

NONE

admission)

c. CITY
OR
TOWN ST. LOUISInside Limits
Yes ☒ No ☐d. STREET ADDRESS
(If outside, give location)
3455 S. SPRINGReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

GREGORY

Middle

W

Last

GANLEY

4. DATE OF DEATH

Month

AUGUST 26, 1962

Day

Year

5. SEX
MALE6. COLOR OR RACE
WHITE7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
5-9-959. AGE (last birthday)
67IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
YEAST WORKER10b. KIND OF BUSINESS OR INDUSTRY
BREWERY11. BIRTHPLACE (City and state or country)
WATERLOO, ILL.12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

JAMES GANLEY

13b. MOTHER'S MAIDEN NAME

ELIZABETH OTTO

14. NAME OF HUSBAND OR WIFE

FLORENCE GANLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, on or unknown) (If yes, give war or dates of service)
YES WW I

17. INFORMANT

LOUIS MO., WIFE
FLORENCE GANLEY, 3455 S. SPRING, ST.18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

BRONCHOPNEUMONIA, SEVERE

INTERVAL BETWEEN
ONSET AND DEATH
7 DAYSConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

PULMONARY EMBOLUS LEFT LOWER LOBE

1 DAY

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 9-25-59 to 8-26-62
Death occurred at 5:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

VAH JEFFERSON BARRACKS, MO.

22c. DATE SIGNED

8-26-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

AUG 29, 1962

23c. NAME OF CEMETERY OR CREMATORY

NATIONAL GEN.

23d. LOCATION (City, town, or county)

JEFFERSON BRKS. Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Thomas Kuto 2906 Brown

25. DATE RECD. BY LOCAL REG.

8-27-62

26. REGISTRAR'S SIGNATURE

John B. Murphy MD

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 4000

2 21

3

4 0

5 1

6

7 1

8 1

9 491X

10

11

12 48-0

13

48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Eleana Province

Licensed Embalmer No. 3403

P. O. Address 2906 Gravois

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.